

**APPENDIX 8**  
**SUMMARY OF OUTPATIENT PSYCHOTHERAPY PRIOR AUTHORIZATION GUIDELINES**  
**(FOR USE WITH THE PRIOR AUTHORIZATION PSYCHOTHERAPY ATTACHMENT: PA/PSYA)**

Authorization for outpatient psychotherapy is granted for individuals with an appropriate DSM diagnosis, where the documentation provided supports the treatment requested. Normative authorization is for up to one 60-minute individual session per week and/or one 60-120 minute group session per week for significantly functionally disabling symptoms. Authorization usually spans a period of 13 weeks, but where therapy is non-intensive (one to two sessions per month) authorization may be for a longer period. Authorization may also be granted for a specified number of hours over the time span requested which may be used at the provider's discretion (e.g., 20 hours over a 13 week period).

Where the recipient is clearly a suicidal or homicidal risk, up to one session per day may be authorized for a short period of time. Emergency psychotherapy may be performed without prior authorization for up to eight hours in a two week period when the provider has reason to believe that harm to the recipient or others may be imminent. Authorization is conditional upon the provider expeditiously seeking authorization (within two weeks of the completion of the emergency service) and justifying the need for the emergency psychotherapy.

The following DSM diagnostic categories are generally not expected to yield to psychotherapeutic treatment alone and require extensive justification.

- mental retardation (317-319) cannot be approved if this is the primary or only diagnosis
- organic mental disorders/dementia (290.0-290.4, 310-310.9)
- alcohol related disorders (291-291.9, 303-303.9, 305.0) and drug related disorders (292.0-292.9, 304.0-304.9, 305.2-305.9): requests in these categories must demonstrate that psychotherapeutic intervention alone has a reasonable probability of remediating the disease which is diagnosed as indicated by history, previous response to treatment, etc.
- schizophrenia/delusional (paranoid) disorders and psychotic disorders not elsewhere classified (295.1-295.9, 297.3, 297.10, 298.8, 298.9). Requests in this category must demonstrate an understanding of the importance of supportive psychotherapy, community support services, family intervention and medication management.
- other disorders which experience has demonstrated are refractory to psychotherapy (e.g., some personality disorders [301]), are transitory or self-limiting (e.g., adjustment disorders [309]), or in which psychotherapy is considered to be controversial.

*Other Considerations:*

- emphasis on family treatment is favored where conditions affect more than one family member and family issues are involved.
- requests for extension of authorization must include information updated within the past authorization period in all specific clinical areas of the prior authorization request form. Requests returned for more information do not constitute a denial of services. Providers are responsible for sending adequate, updated information to allow processing of the prior authorization request.
- therapy by two or more providers simultaneously is ordinarily not allowed.